

## Express Mail Label No.

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

See MPEP chapter 600 concerning utility patent application contents.

- Free Transmittal Form (e.g., PTO/SB/17)
- (Submit an original and a duplicate for fee processing)
1. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
2. ☐ Specification [Total Pages ]
3. ☒ (preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets ]
5. Oath or Declaration [Total Pages ]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

9. ☒ Submission Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.

17. ☐ Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_/\_\_\_\_\_

Prior application information. Examiner Group Art Unit:

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS


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| Name (Print/Type) | Jeff Measures   | Registration No. (Attorney/Agent) | 40,272            |
| Signature         |  | Date                              | November 28, 2001 |

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|--|--|---|--|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 5px 0 0 40px;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b>  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1032.00  |  | Application Number _____<br>Filing Date _____<br>First Named Inventor <b>Gordon KERR</b><br>Examiner Name _____<br>Group Art Unit _____<br>Attorney Docket No. 14174ROUS02U |  |

| METHOD OF PAYMENT  | FEE CALCULATION (continued)  |                            |                       |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
|--|--|----------------------------|-----------------------|--|-----------------|----------|-----|-----|--------------------|--------|-------------------------------------|-----|-----|-----|-------------------|----|--|-----|-----|-----|------------------|-----|---------------------------|-----|-----|-------|--------------------|-------|--|-----|-----|------|------------------------|------|--|--|-----|--------|--------------|--------------|---|----------|-----|------------|-----|-----|--|----------|-----|-----|--------------------------|-----|---|--|---------------|---------------|-----------------|----------|--|----|-----|-------|------------------------|-----|---|----|-----|-------|-----------------------------------|-----|--|-----|-----|-----|---------------------------------------|-----|------------------|----|-----|-----|--|-----|--|----|-----|-----|--|-----|--------------------------|--|-----|--------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--------------------------------|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.</p> <p>Deposit Account Number <b>14-1315</b></p> <p>Deposit Account Name <b>Nortel Networks Limited</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>  | <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td></tr> <tr> <td colspan="4" style="text-align: right;"> <b>SUBTOTAL (3)</b> (\$) 40.00         </td> <td></td> </tr> </tbody> </table> | Fee Code                   | Large Entity Fee (\$) | Small Entity Fee (\$)  | Fee Description | Fee Paid | 105 | 130 | 205                | 65     | Surcharge - late filing fee or oath |     | 127 | 50  | 227               | 25 | Surcharge - late provisional filing fee or cover sheet |     | 139 | 130 | 139              | 130 | Non-English specification |     | 147 | 2,520 | 147                | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113          | 1,840*       | Requesting publication of SIR after Examiner action |          | 115 | 110        | 215 | 55  | Extension for reply within first month |          | 116 | 400 | 216                      | 200 | Extension for reply within second month |  | 117           | 920           | 217             | 460      | Extension for reply within third month |    | 118 | 1,440 | 218                    | 720 | Extension for reply within fourth month |    | 128 | 1,960 | 228                               | 980 | Extension for reply within fifth month |     | 119 | 320 | 219                                   | 160 | Notice of Appeal |    | 120 | 320 | 220  | 160 | Filing a brief in support of an appeal |    | 121 | 280 | 221  | 140 | Request for oral hearing |  | 138 | 1,510  | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  | <b>SUBTOTAL (3)</b> (\$) 40.00 |  |  |  |  |
| Fee Code   | Large Entity Fee (\$)  | Small Entity Fee (\$)      | Fee Description       | Fee Paid   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 105  | 130  | 205                        | 65                    | Surcharge - late filing fee or oath  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 127  | 50   | 227                        | 25                    | Surcharge - late provisional filing fee or cover sheet                     |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 139  | 130  | 139                        | 130                   | Non-English specification  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 147  | 2,520  | 147                        | 2,520                 | For filing a request for <i>ex parte</i> reexamination                     |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 112  | 920*   | 112                        | 920*                  | Requesting publication of SIR prior to Examiner action                     |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 113  | 1,840*   | 113                        | 1,840*                | Requesting publication of SIR after Examiner action                        |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 115  | 110  | 215                        | 55                    | Extension for reply within first month                                     |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 116  | 400  | 216                        | 200                   | Extension for reply within second month                                    |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 117  | 920  | 217                        | 460                   | Extension for reply within third month                                     |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 118  | 1,440  | 218                        | 720                   | Extension for reply within fourth month                                    |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 128  | 1,960  | 228                        | 980                   | Extension for reply within fifth month                                     |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 119  | 320  | 219                        | 160                   | Notice of Appeal   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 120  | 320  | 220                        | 160                   | Filing a brief in support of an appeal                                     |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 121  | 280  | 221                        | 140                   | Request for oral hearing   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 138  | 1,510  | 138                        | 1,510                 | Petition to institute a public use proceeding                              |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 140  | 110  | 240                        | 55                    | Petition to revive - unavoidable   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 141  | 1,280  | 241                        | 640                   | Petition to revive - unintentional   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 142  | 1,280  | 242                        | 640                   | Utility issue fee (or reissue)   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 143  | 460  | 243                        | 230                   | Design issue fee   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 144  | 620  | 244                        | 310                   | Plant issue fee  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 122  | 130  | 122                        | 130                   | Petitions to the Commissioner  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 123  | 50   | 123                        | 50                    | Processing fee under 37 CFR 1.17(q)  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 126  | 180  | 126                        | 180                   | Submission of Information Disclosure Stmt                                  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 581  | 40   | 581                        | 40                    | Recording each patent assignment per property (times number of properties) | 40.00           |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 146  | 740  | 246                        | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 149  | 740  | 249                        | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))           |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 179  | 740  | 279                        | 370                   | Request for Continued Examination (RCE)                                    |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 169  | 900  | 169                        | 900                   | Request for expedited examination of a design application                  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| Other fee (specify) _____  |  |                            |                       |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| <b>SUBTOTAL (3)</b> (\$) 40.00   |  |                            |                       |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b> (\$)</td> <td>740.00</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>34</td> <td>-20** = 14</td> <td>18</td> <td>252</td> </tr> <tr> <td>3</td> <td>-3** = 0</td> <td>84</td> <td>0</td> </tr> <tr> <td colspan="4">Multiple Dependent _____</td> </tr> </tbody> </table> <p><b>Large Entity Small Entity</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b> (\$)</td> <td>252.00</td> </tr> </tbody> </table> <p>**or number previously paid, if greater. For Reissues, see above</p> | Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description       | Fee Paid   | 101             | 740      | 201 | 370 | Utility filing fee | 740.00 | 106                                 | 330 | 206 | 165 | Design filing fee |    | 107  | 510 | 207 | 255 | Plant filing fee |     | 108                       | 740 | 208 | 370   | Reissue filing fee |       | 114  | 160 | 214 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> (\$)                               |  |     | 740.00 | Total Claims | Extra Claims | Fee from below                                      | Fee Paid | 34  | -20** = 14 | 18  | 252 | 3                                      | -3** = 0 | 84  | 0   | Multiple Dependent _____ |     |   |  | Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid | 103                                    | 18 | 203 | 9     | Claims in excess of 20 |     | 102                                     | 84 | 202 | 42    | Independent claims in excess of 3 |     | 104                                    | 280 | 204 | 140 | Multiple dependent claim, if not paid |     | 109              | 84 | 209 | 42  | ** Reissue independent claims over original patent |     | 110                                    | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> (\$) |  |     | 252.00 |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| Large Entity Fee Code (\$)   | Small Entity Fee Code (\$)   | Fee Description            | Fee Paid              |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 101  | 740  | 201                        | 370                   | Utility filing fee   | 740.00          |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 106  | 330  | 206                        | 165                   | Design filing fee  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 107  | 510  | 207                        | 255                   | Plant filing fee   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 108  | 740  | 208                        | 370                   | Reissue filing fee   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 114  | 160  | 214                        | 80                    | Provisional filing fee   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| <b>SUBTOTAL (1)</b> (\$)   |  |                            | 740.00                |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| Total Claims   | Extra Claims   | Fee from below             | Fee Paid              |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 34   | -20** = 14   | 18                         | 252                   |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 3  | -3** = 0   | 84                         | 0                     |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| Multiple Dependent _____   |  |                            |                       |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| Fee Code (\$)  | Fee Code (\$)  | Fee Description            | Fee Paid              |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 103  | 18   | 203                        | 9                     | Claims in excess of 20   |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 102  | 84   | 202                        | 42                    | Independent claims in excess of 3  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 104  | 280  | 204                        | 140                   | Multiple dependent claim, if not paid                                      |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 109  | 84   | 209                        | 42                    | ** Reissue independent claims over original patent                         |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| 110  | 18   | 210                        | 9                     | ** Reissue claims in excess of 20 and over original patent                 |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |
| <b>SUBTOTAL (2)</b> (\$)   |  |                            | 252.00                |  |                 |          |     |     |                    |        |                                     |     |     |     |                   |    |  |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |              |              |   |          |     |            |     |     |  |          |     |     |                          |     |   |  |               |               |                 |          |  |    |     |       |                        |     |   |    |     |       |                                   |     |  |     |     |     |                                       |     |                  |    |     |     |  |     |  |    |     |     |  |     |                          |  |     |        |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                |  |  |  |  |

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